



## GEORGIA FEE-FOR-SERVICE ANTICHOLINERGICS-ANTISPASMODICS PA SUMMARY

Preferred	Non-Preferred
Dicyclomine generic Glycopyrrolate 1 mg and 2 mg tablets generic Glyrx-PF (glycopyrrolate injection preservative free) Hyoscyamine generic	Chlordiazepoxide-clidinium generic Cuvposa (glycopyrrolate oral solution) Glycate (glycopyrrolate 1.5 mg tablets) Glycopyrrolate injection generic Glycopyrrolate injection preservative free (PF) injection Methscopolamine generic Propantheline generic

**LENGTH OF AUTHORIZATION:** Varies

### PA CRITERIA:

#### Chlordiazepoxide-Clidinium Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of emotional or somatic factors in gastrointestinal disorder.
- ❖ Approvable for members 18 years of age or older with a diagnosis of peptic ulcer disease (PUD) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to glycopyrrolate and hyoscyamine and when used as adjunct therapy that aids in the healing of PUD.
- ❖ Approvable for members 18 years of age or older with a diagnosis of irritable bowel syndrome (IBS) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to dicyclomine and hyoscyamine.
- ❖ Approvable for members 18 years of age or older with a diagnosis of acute enterocolitis.

#### Cuvposa

- ❖ Approvable for members 3-16 years of age with a diagnosis of chronic severe drooling (sialorrhea) due to a neurological disorder associated with problem drooling (i.e., cerebral palsy, mental retardation, Parkinson disease).

#### Glycate

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic glycopyrrolate tablets, is not appropriate for the member.

#### Glycopyrrolate Injection Generic and Glycopyrrolate Injection Preservative Free Injection Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Glyrx-PF, is not appropriate for the member.

#### Methscopolamine Generic and Propantheline Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of peptic ulcer disease (PUD) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to glycopyrrolate and hyoscyamine and when used as adjunct therapy that aids in the healing of PUD.



#### **EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

#### **PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

#### **PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

#### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.